

Clinical Specimen Test Request Form Instructions

A fully completed test request form must accompany each specimen.

PATIENT INFORMATION

Affix a patient information label to the test request form or completely fill in information.

All specimens must be labeled with at least two patient specific identifiers; both a primary and a secondary identifier. The identifiers must appear on both the primary specimen container (or card) and the associated test request form. Specimens that do not meet this criteria will delay testing.

Acceptable identifiers:

Identifier Type	Level
Patient Name (last name, first name)	Primary (required)
Date of Birth	Secondary (preferred)
Medical Record Number	Secondary
Social Security Number	Secondary
Medicaid Number	Secondary

ORDERING HEALTH CARE PROVIDER INFORMATION

Complete the health care providers name and National Provider Identifier (NPI) number and telephone number. To obtain an NPI number go to [National Plan and Provider Enumeration System \(NPPES\)](#) or call 1 (800) 465-3203. This information is required to bill Medicaid and Medicare.

ORGANIZATION INFORMATION

Results are reported to this address. To pre-populate these fields go to the State Hygienic Laboratory website <http://www.shl.uiowa.edu/> and click on the Clinical Test Request Form button to find your facility and print a test request form.

SAMPLE INFORMATION

Complete the date and time the specimen was collected and sample type information. Indicate sample source when appropriate.

TEST(S) REQUESTED

Mark the test(s) to be performed. There must be a written or electronic request for patient testing. Additional specimen collection, handling instructions, and patient information may be required for tests such as QuantiFeron TB, Maternal Screening, and Chlamydia/N. gonorrhoeae testing. For specific test information, see the [Clinical Test Menu on the SHL website](#).